DOCUMENT RESUME

ED 111 156 EC 073 550

AUTHOR Katz, Lee
TITLE Analysis of Selected Social and Psychological Factors Related to Mental Retardation.
PUB DATE Nov 70
NOTE 26p.

EDRS PRICE MF-$0.76 HC-$1.95 Plus Postage
DESCRIPTORS Classification; Disadvantaged Youth; *Economically Disadvantaged; *Environmental Influences; Exceptional Child Education; Intervention; *Labeling (of Persons); *Mentally Handicapped; Public Schools; Research Reviews (Publications); Self Concept; *Socioeconomic Influences

ABSTRACT

Discussed is the impact of poverty, public education, and self-concept on the classification of persons as mentally retarded. Research relating to the effects of poverty on academic performance is reviewed, and intervention strategies such as improved housing and provision of a guaranteed minimum wage are suggested. Community control and decentralization are seen to be among the ways to make public education more responsive to the needs of lower income children. The effect of poor self-concept on behavior and intellectual functioning is considered, along with recommendations for new efforts (such as M. Fantini's "Identity Education") directed at the individual's affective experiences. (CL)

****
* Documents acquired by ERIC include many informal unpublished *
* materials not available from other sources. ERIC makes every effort *
* to obtain the best copy available. nevertheless, items of marginal *
* reproducibility are often encountered and this affects the quality *
* of the microfiche and hardcopy reproductions ERIC makes available *
* via the ERIC Document Reproduction Service (EDRS). EDRS is not *
* responsible for the quality of the original document. Reproductions *
* supplied by EDRS are the best that can be made from the original. *
****

ED111156

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
EDUCATION
THIS DOCUMENT HAS BEEN REPRO
DUCED EXACTLY AS RECEIVED FROM
THE PERSON OR ORGANIZATION ORIGIN
ATING IT. POINTS OF VIEW OR OPINIONS
STATED DO NOT NECESSARILY REPRE
SENT OFFICIAL NATIONAL INSTITUTE OF
EDUCATION POSITION OR POLICY

EC

TITLE: ANALYSIS OF SELECTED SOCIAL AND PSYCHOLOGICAL FACTORS RELATED TO MENTAL RETARDATION

SUBMITTED BY: Dr. Lee Katz

HOME ADDRESS: 1050 Wall Street
Apartment 4f
Ann Arbor, Michigan 48105

UNIVERSITY ADDRESS: (Effective September 1, 1975)
Associate Dean of Academic Affairs
University of Michigan-Dearborn
4901 Evergreen Road
Dearborn, Michigan 48128

DATE COMPLETED: November 1970

EC 073550

ANALYSIS OF SELECTED SOCIAL AND PSYCHOLOGICAL FACTORS RELATED TO MENTAL RETARDATION

Statement of the Problem

The past two decades have witnessed what is often referred to as the "renaissance" of public and professional concern regarding the identification and treatment of the mentally deficient. Numerous trends initiated during the post-war years of the 1950's accelerated a changing outlook toward deprived members of the general population. Some of these trends followed vigorously on the heels of (a) the President's Panel on Mental Retardation, stimulated by President Kennedy to explore----"possibilities and pathways to prevent and cure mental retardation", (b) a sensitized public awareness and demand for educational change and (c) the 1960 International Conference in London on the Scientific Study of Mental Deficiency, and the subsequent creation of a permanent international and interdisciplinary body for the Scientific Study of Mental Retardation in 1964. These national and international efforts resulted in changing perspectives regarding the mentally deficient that stressed:

(a) the multiple causation approach involving the interrelation of numerous complex factors.

(b) the functional character of Mental Retardation involving impairments in the social adaptation as well as the intellectual functioning of the individual.

(c) the interdisciplinary nature of the problem of mental retardation and the need for a broad frontal attach on the problem.

(d) the need for caution in the identification and diagnosis of the individual as mentally deficient.

Clearly these altered perspectives favored a more theraputic or rehabilitative approach in treating the handicapped as opposed to the traditionally narrow medical approach. A. M. Clarke reports that the medical approach to the problems of the handicapped tended to treat the condition from which the patient suffered and ignored the person.[1] The contemporary situation strenuously sought to clarify the complexity of factors involved in mental retardation.

The American Medical Association in 1964 graphically presented the multidisciplinary character of possible causative factors related to mental retardation at their Chicago Conference in 1964. (See Table I below).[2]

1. Conceptual Visual Aid: Interaction of Multiple Factors. (From Richmond, J.B., and Lustman, S.L., *J Med Educ* 29:23 [May] 1954).

---

[1] Clarke A. M., and Clarke A.D.B., Mental Deficiency: The Changing Outlook, London: Methuen and Co., 1961, pg. 4.

[2] Conference on Mental Retardation, Mental Retardation Report of the American Medical Association, Chicago: 1964, pg. xiv.

Their graphic presentation further emphasized the confluence of numerous disciplines such as neurology, sociology, biochemistry, psychology, genetics education and psychiatry in the diagnosis and treatment of those classified as mentally deficient. Their analysis is particularly significant in view of persistent efforts to secure precise clinical classifications of the mentally retarded along one dimensional parameters.

It is estimated that approximately 126,000 babies born each year in the United States will be classified as retarded at some point in their lives. H. B. Robinson indicates that a rule of thumb approach to an estimate of mental retardation would result in roughly 5,550,000 persons designated as retarded in a population of 185,000,000. His estimate suggests a mental retardation rate of 3% for the general population in the United States.[3] Robinson's calculations are supported by Dr. Clemens Benda in his statistical analyses concerning the incidence and distribution of mental retardation in the United States. (See Table II below).[4]

Statistical Calculations of Mental Retardation Computed on the Total Population of the United States

Classification	*Total No. of Mental Defectives (3% of 180,000,000) 5,000,000*	*% Distribution of Institutionalized Mental Defectives within Classification*	*No. of Institutionalized Mental Defectives 150,000*	*No. of Mental Defectives in Community 4,850,000*
Severely retarded (totally dependent) IQ 0–19	(.1% of 180,000,000) 180,000 (3.5% of 5,000,000)	30%	45,000 (25% of severely retarded)	135,000 (75% of severely retarded)
Moderately retarded (trainable) IQ 20–49	(.3% of 180,000,000) 540,000 (11.5% of 5,000,000)	50%	75,000 (15% of moderately retarded)	465,000 (85% of moderately retarded)
Mildly retarded (educable) IQ 50–70	(2.3% of 180,000,000) 4,280,000 (85% of 5,000,000)	20%	30,000 (1% of mildly retarded)	4,250,000 (99% of mildly retarded)

SOURCE: *Proceedings* of Conference on Research and Training in the Field of Mental Retardation, Lynchburg, Va., 1958, p. 24. Reprinted with the permission of Clemens E. Benda and the Lynchburg Training School and Hospital.

[3]Robinson H. B., and Robinson Nancy M., The Mentally Retarded Child, New York: McGraw Hill Book Co., 1965, pg. 4.

[4]Rothstein, J. H., Mental Retardation, New York: Holt, Rinehart & Winston, 1964, pg. 3.

Additionally the President's Panel on Mental Retardation attempted to estimate the incidence of mental retardation in the United States and further corroborated the views of H. B. Robinson and Dr. C. Benda regarding the numbers of retardates per thousand in the United States. (See Table III below).[5]

ESTIMATED INCIDENCE OF MENTAL RETARDATION IN UNITED STATES BY DEGREE OF SEVERITY

DEGREE OF RETARDATION	PROFOUND	SEVERE	MODERATE	MILD	COMBINED CATEGORIES OF RETARDED
APPROXIMATE IQ LEVEL	0-19	20-35	36-52	53-75	—
ESTIMATED NUMBER OF RETARDED	85,000	200,000	350,000	5.4 million	6 million
PERCENT OF ALL RETARDED	1-1/2%	3-1/2%	6%	89%	100%
INCIDENCE IN TOTAL POPULATION	1 person/1000		3 persons/1000	26 persons/1000	30 persons/1000

The most widely accepted definition of the mentally retarded has been proposed by Rick Heber in his manual on the terminology and classification of the mentally retarded. Heber offers the following definition that is cited by authorities such as H. B. Robinson; in The Mentally Retarded Child and A. M. Clarke; in Mental Deficiency: The Changing Outlook:

"Mental retardation refers to subaverage general intellectual functioning which originates during the developmental period and is associated with impairment in adaptive behavior."[6]

---

[5] Love, H. D., Mental Retardation: A Basic Guide, Berkley: McCutchan Publishing Corporation, 1968, pg. 7.

[6] Rothstein, Op. Cit., pg. 9.

Rich Heber carefully isolates each term in that definition in order to insure proper interpretation of its implications. He proposes the following clarification of each term in the definition that is adapted for consideration below:

subaverage - refers to performance which is greater than one standard deviation below the population mean of the age group involved on measures of general intellectual functioning.

learning ability - refers to the facility with which knowledge is acquired as a function of experience.

social adjustment - is important as a qualifying condition of mental retardation at the adult level where it is assessed in terms of the degree to which the individual is able to maintain himself in respect to personal and social responsibilities set by the community.

rate of maturation - refers to the rate of sequential development of self-help skills in infancy and early childhood. The acquisition of sensory-motor skills are significant in terms of criterion for mental retardation in the early school years.

It is important to note that this definition, though frequently cited in the literature on mental retardation, is carefully circumscribed in terms of the present functioning of the individual as opposed to his potential for adaptive behavior and intellectual functioning. This definition is clearly a descriptive analysis of the individual's current status along a continum of criteria that result in his classification as mentally deficient. At the heart of this definition

is the underguiding philosophy that

---an individual's status changes in changing social conditions and standards.

---behavioral standards and norms differ among differing social groups and chronological ages.

---the individual is malleable and subject to change.

Heber's definition, intended as a flexible tool for the identification and classification of the present functioning of the individual, is inclined, however, to become rigidified in its application. Some of the root problems associated with its utilization include the tendency to: (a) classify individuals as retarded and to cement them in that category over time (b) organize learning experiences around presumed mental retardation thus insuring continued retardation and (c) develop intervention strategies based upon diagnoses that are viewed as fixed and unchanging.

The purpose of this paper will be to examine selected social and psychological factors that are frequently ignored in the classification of individuals as mentally deficient and tend to generate intervention strategies that perpetuate the myth of mental retardation. In addition, an effort will be made to suggest research models for continued analysis of the problem.

Poverty and Mental Retardation

Roger Hurley in his recent publication Poverty & Mental Retardation claims that "poverty in America is one of the most significant causes of mental retardation."[7] He believes that the dramatically high incidence of retardation

[7]Roger L. Hurley, Poverty and Mental Retardation: A Causal Relationship, New York: Random House, 1969. pg. 2.

among the disadvantaged classes of our society provides striking evidence of the causative relationship between retardation and social, economic, and cultural factors. He asserts, in addition, that the social factors far exceed the uncontrollable accidents or inherited factors usually cited as major causes of mental retardation. Hurley attempts above all to explode the prevailing myth that mental retardation is the exclusive province of the medical profession, and presents the following convincing research evidence regarding the decreasing percentage of cases of mental retardation attributed to heredity over time:[8]

Hallingworth, 1920	90%
Wallin, 1922	62.9%
Tredgold, 1929	80%
Rosanoff, et al., 1937	50%
Yannet, 1945	44.6%
R. C. Schreerenberger, 1965	15%

The above data is interesting since it reveals an increasing recognition of the social pathology of mental retardation, and tends to support the thesis that poverty functions in an active role to imperil the physical social and mental well-being of the individual. (This assumption is possible when one considers that a disproportionate share of the mentally retarded are found among the lower income populations.)

Authorities such as Arthur Passow, Frank Reissman, and Stanley Kravitz (with whom the writer worked in 1963-64 on the Mayor's Commission for youth in Syracuse, New York) testified to the legacy provided by the life style of the poor. The major emphasis of their viewpoint was on the social psychological factors that prevail in depressed areas that tend to perpetuate sub-culture characteristics expressed by (a) an altered quality of verbal communication,

[8]Hurley, Ibid., pg. 10.

(b) low self-esteem, (c) immediate qualification of need, and (d) emphasis on the concrete as opposed to the abstract. Their point was that low intellectual performance often reflects functional adaptation to environmental deprivation, rather than inadequate intellectual equipment. In fact, one of the first treatments of the culture of poverty as a causal explanation for low academic performance and mental subnormality was developed by Frank Reisman in his work, The Culturally Deprived Child, and provided the basis for much that followed related to theories of cultural deprivation. He stressed the inadequate preparation of the child from the ghetto environment for the major middle class culture that is fundamentally different from the poverty sub-culture. Proponents of Reisman's viewpoint would argue that the schools tend to reward the normative value system of the dominant culture and reject even those strengths that may be visible in the sub-culture value system.

At the practicing level, Dr. Carl Dolce, an inner-city superintendent of schools, provides additional support for a socio-psychological explanation of inadequate academic performance. He alludes to feelings of frustration and powerlessness in his discussion of poverty areas. "...their lack of alternatives tend to create feelings of entrapment and powerlessness. For most, the modern day ghetto is not open-ended; rather it is closed and restrictive." Ghetto areas, he concludes are "occupied by people who have a heritage of deprivation, frustration, maltreatment, and discrimination, and this heritage has a profound impact on their lives.[9]

---

[9] Dolce, Carl J., "The Inner City...A Superintendent's View", Sat. Rev. of Lit., January 11, 1969, p. 36.

The essential ingredients of the viewpoints suggested above concern the unique characteristics of what has become a relatively homogeneous sub-culture, alienated and apart from the major middle class culture tending to perpetuate socio-psychological adaptations that are functionally non-adaptive in terms of middle class expectations. Viewed in the perspective provided by sociologist, Ralph Linton, in his book, Culture and Mental Disorders, it can be state, "...the relation between the individual and the culture of his society is a reciprocal one. He is shaped by it and, in turn, contributes to its shaping."[10] Linton suggests three areas in which cultural influences are exerted upon the developing individual. These are adapted for discussion below:

1. What other people do to the individual--this category includes techniques of child rearing.
2. What other people consciously teach the other individual--this category includes instruction.
3. The behavior of other people as observed by the individual--this category refers to the child's perception of his treatment in contrast to his peers.

Clearly, Linton's framework translated in the context of a culture of poverty would substantiate the position that children reared in conditions of poverty replete with inadequate nutrition, poor prenatal care, limited physical and material comfort, reduced language experiences, etc., would develop altered

---

[10] Linton, Ralph. Culture and Mental Disorders, Springfield: Charles C. Thomas, Publishers, 1956, p. 8.

mechanisms for adapting to the social environment. Stated otherwise, the individual's reciprocal relationship with his society would transpire in a profoundly different manner than his middle class counterpart. He would tend to experience the three cultural influences outlined by Ralph Linton in significantly different ways when he is socially, economically, and culturally removed from the dominant culture. Thus, his apparent malfunctions on an intellectual level would require cautious and deliberate diagnosis in order to isolate the operational socio-psychological factors involved in the situation. Strategies of intervention that would flow from a socio-psychological analysis of mental subnormality would stress substantial modifications in the social, economic, and cultural handicaps that poverty induces in order to maximize reciprocity between the major culture and the poverty sub-culture. Illustrative strategies would include:

(a) A guaranteed minimum wage that enables each individual in the ghetto to achieve a standard of living commensurate with the major population.

(b) Employment programs that are designed to build individual dignity and provide a basis for increased self-esteem.

(c) Language programs that are designed to assist in eliminating distinguishable sub-culture dialects.

(d) Housing patterns that promote a sense of community cohesion.

The thrust of the above strategies would be to significantly alter the environment to conform to the normative value system of the dominant culture. The intent would be that of eliminating the kinds of social pathology (mental retardation as one among numerous other types of social pathology)

that are bred and thrive in a climate of poverty. These strategies would aim at the relationship between social pathology and retardation that was identified by the President's Panel on Mental Retardation when it stated, "the conditions which spawn many other health and social problems are to a large extent the same ones which generate the problem of mental retardation. To be successful in preventing mental retardation on a large scale, a broad attack on the fundamental adverse conditions will be necessary."[11]

Public Education and Mental Retardation

Some theorists regard the institutional hierarchy of the school as the dominant social-educational factor in accounting for mental subnormality among poverty populations. Advocates of this viewpoint tend to stress the need for fundamental structural revision of the school as an institution in order to accommodate low income populations. (Dr. Mario Fantini, Ford Foundation Program Consultant, with whom the writer worked in 1964 in developing an educational program for low income populations in Syracuse, New York, argued that school is equally unsuitable for the middle class child.) Dr. Fantini, in his very recent publication, Toward Humanistic Education: A Curriculum of Affect has clearly cemented his viewpoint over the past five years, when he states "the mission of the schools is to teach children no matter what their state or readiness. When traditional or conventional practices do not succeed, the school is responsible for finding other means of teaching effectively and if necessary, for changing its concepts and methods

---

[11] "National Action to Combat Mental Retardation," President's Panel on Mental Retardation, October, 1962, p. 10.

drastically to do so."[12] His position stems from a conviction that the schools focus on a product--the pupil--rather than a process--the teaching and instructional setting. It is apparent that Fantini supports R. Hurley's thesis that mental retardation is a self-fulfilling prophecy of public education when he states that the crisis of the poor is holding up a mirror to the educational system as a whole and challenging the very foundations of educational assumptions about learning and teaching. In a similar vein, Martin Deutch places the responsiblity for the over-representation of the poor in special education classes squarely on the shoulders of the school when he states, "The responsibility for such large groups of children showing great scholastic retardation--must rest with the failure of the schools to promote the proper acculturation of the children."[13] Deutch acknowledges the responsible role of the society as a whole, but zeroes in on the school as the single most important social institution for accomplishing the task.

Paul Goodman, noted educational strategist for change, also takes the strong stance that the middle class school is obsolete in terms of the felt needs of the lower income population. He argues that it is not only inadequate for their purposes, but is obsessional, prejudiced, and prudish.[14] He proposes a number of fundamental changes. Among these would be the elimination of

---

[12] Fantini, M. D. & Weinstein, G., Toward Humanistic Education: A Curriculum of Affect, New York: Praeger Publishers, 1970, p. 9.

[13] Martin Deutch, "The Disadvantage Child and the Learning Process," Education in Depressed Areas, ed. A. Passow, New York: 1963, p. 178.

[14] Paul Goodman, Compulsory Mis-Education and the Community of Scholars, New York: Vintage Books, 1964, p. 21.

compulsory education that he regards as a "universal trap" dispensing with the school building for selected periods during the day, utilizing the city as an environment for learning, having no school at all for a few classes, and decentralizing the school system into units comprised of store fronts and club houses.

The most recent manifestation of a proposal for change, based upon the notion that the school is the preeminent causal explanation of mental subnormality, is the community control and decentralization program. The advocates of community control maintain that the power structure manipulates the school system to sustain its own vested interests, thus damaging the psyche and learning capabilities of the individual. In their view, the school functions as a "top-down" organizational structure in which the priority values of the "straight" society prevail when value systems come into conflict. Integral to this position is the belief that local autonomy will enable the schools to become responsive to the lower income client population.

A number of personalized accounts of the school's failure to adapt to the needs of poverty populations have recently penetrated the market and reinforced the above theoretical position. One of the most poignant of these is Death at an Early Age, by Jonathan Kozol. He presents a dramatic personal account of the methods and techniques commonly though often unconsciously utilized by the schools to undermine the hearts and minds of lower income children. Another such book is John Holt's How Children Learn. In a review of this book in the New York Times,

it was stated, "...Holt's theory is full blown: children naturally know how to learn; schools (out of chauvinism and a vaguely disguised irritable antipathy to children) destroy their natural methodology and their self-confidence, substitutuing an artificial thinking that does not work along with adult bullying or internecine competition. In fact, Holt maintains that the school destroys children unless the children are extraordinarily tough and adroit."[15]

Common to all of the viewpoints discussed above is the belief that the school as presently constituted depresses the motivation of the lower income child. The existing reward system of the school penalizes the disadvantaged child in a variety of direct and indirect ways. Hurley makes this point clear in his illustration of the percentages of failure by income in Big City: (see table IV below)

Percentage of Failures

Income Group	Social Studies	English
I (lowest)	14.6%	16.8%
II	13.9	10.9
III	12.7	9.3
IV	10.2	8.5
V	7.9	6.6[16]

The facts cited above illustrate one form of failure and humiliation typically experienced by the low income child. Among the most insidious forms of humiliation experienced by the poor is the classification of large

[16] Hurley, Op. cit., p. 103.

numbers of school children as "mentally retarded." Because of the widespread belief, often unconscious, that the impoverished child has suffered unalterable damage in the home, little effort is made to develop creative teaching-learning styles in order to stimulate and encourage academic growth. Thus, a vicious cycle is generated in which the intellectual capacity of poor children is seriously questioned by educators. Teaching practices are modified to accommodate to lower expectations, and the children yield to the perceived expectation and perform accordingly; thus, reinforcing the position of the educator. Hence, the self-fulfilling prophecy of mental incapacity of the poor suggested earlier by Hurley is perpetuate. This circular pattern of expectation and response is also alluded to in Ralph Linton's analysis of the three areas that have major impact upon the developing individual. Robert Rosenthal's well known study documents the effect of teacher expectation upon pupil performance, and furthers substantiates the self-fulfilling prophecy theory. He told teachers in a San Fransisco elementary school that a selected group of students were on the verge of a "spurt ahead." The "spurt ahead" youngsters subsequently showed higher IQ gains then a comparably represented control group of youngsters.[17]

Theorists who focus on the school in their quest for models of change emphasize the urgent need for new perspectives about the client population. Peter Schrag summarizes it very simply when he says..."If you insist that the kid learn something, he will learn; the most severe shortate in education is one of people who believe that idea and have the courage and skill to act on it."[18]

---

[17] Hurley, Op. Cit., p. 125.

[18] Peter Schrag, "The irrelevance of Dick and Jane", The Nation: March 21, 1966, p. 336.

Interventionists who regard the schools as the major force behind the failure of children would argue for a strategy that would:

1. Radically revise the instructional and administrative operation of the school.
2. Eliminate compensatory type programs as mere "add to" methods that perpetuate a syndrome of poor self-esteem and failure.
3. Decentralize the existing school system as one approach toward more viable administrative structure.
4. Require teacher training programs to "sensitize" teachers to the needs of lower income students.
5. Approve recent Ford Foundation supported efforts to develop schools without walls and to create local Boards of Education to screen and approve teachers from the school system.

Self-Concept and Mental Retardation

The relationship between self-concept and mental retardation is perhaps a more subtle one to evaluate than either poverty or public education discussed earlier. The elusive qualities of the self-concept were discussed by George H. Mead in his work Mind, Self and Society---- "The self is something which has a development; it is not initially there at birth, but arises in a process of social experience and activity, that is, develops in a given individual as a result of his relations to that process as a whole and to other individuals within that process.[19] The essential elements of Mead's definition would appear

---

[19]Mead, G. H., Mind, Self and Society, Chicago: University of Chicago Press, 1934, p. 135.

to involve:

(a) the individual in relation to a social process

(b) the individual in relation to other individuals

(c) the individual in relation to his affective experiences

His definition has considerable significance in looking at the mentally retarded and their life experience. Often those individuals who are perceived as mentally retarded are reared in a social climate in which both their primary and secondary relationships are basically negative and hostile, thus reinforcing a negative self-image. This is especially true, some theorists argue, in a society that values achievement and demands a high level of intellectual and manual functioning to maintain its technological priorities. In this connection R. A. Dexter makes the point that the maladjustment of high grade defectives in our society is probably due to the following circumstances:

1. Modern technology and the inter-dependence of the modern world makes skill at coordinating symbols far more vital than it once was.
2. We live in a society that allocates social status according to achievement based upon educational skill[20]

Dexter believes that the self-image of the mentally defective in a society which stresses aptitude in intellectual achievement is likely to be negative because they learn from their social contacts to look down upon and distrust themselves. He places primary emphasis upon the social role of the defective and his response to that role. The importance of the "significant other" in eliciting a negative self-image among those classified as mentally retarded was further

---

[20] L. A. Dexter, "A Social Theory of Mental Deficiency", American Journal of Mental Deficiency, 1958, 62, p. 920-928.

corroborated by the research of Maehr, J. Mensing and S. Nafzger in their study "Concept of Self and the Reaction of Others." Their investigation was designed to explore the relationship between the evaluation of others and the corresponding increase or decrease in the individual's self-evaluation. They found that disapproving reactions of significant others resulted in significant decreases in self-regard related to selected attributes. Likewise, approval stimulated a significant amount of change in a positive direction.[21]

The underlying concern in an analysis of self-concept and mental retardation resides in the reciprocal relationship believed to exist between how the individual is perceived and his response to that perception of himself. Stated otherwise, the individual conforms to the hostile social cues or negative expectations for his behavior thus reinforcing the orginal (though often misuided) perception of him as mentally deficient. R. A. Dexter states it very well when he remarks, "mentatl retardation may be a social role, acquired as a result of experience, by high grade retardates, who have been assigned certain statuses as a result of manifest psychobiological characteristics."[22]

A number of intervention strategies tend to emerge from the theoretical construct provided by Dexter. On interesting educational strategy to counteract this negative cycling effect has been proposed by Dr. Fantini

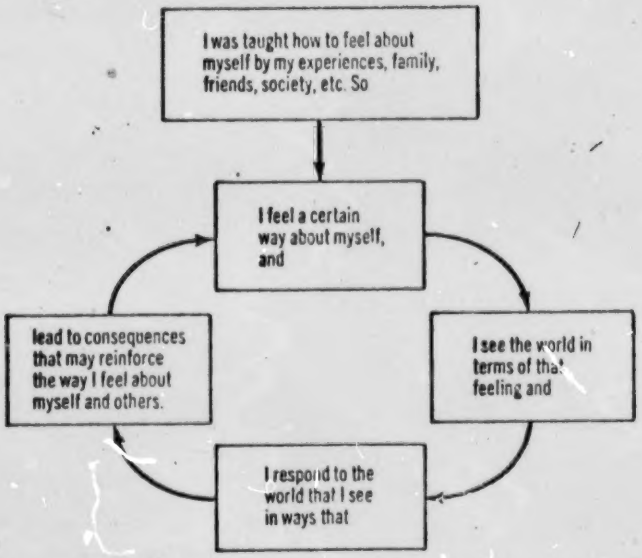
---

21 M. L. Maehr, J. Mensing, and S. Nafzger, "Concept of Self and the Reactions of Others", Sociometry, 1962, 25, p. 356.

22 Dexter, Op. Cit. p. 838.

and is indicated below.

23


I was taught how to feel about myself by my experiences, family, friends, society, etc. So
I feel a certain way about myself, and
I see the world in terms of that feeling and
I respond to the world that I see in ways that
lead to consequences that may reinforce the way I feel about myself and others.

The chart listed above illustrates what is referred to by Dr. M. Fantini as as an "Identity Education". It is an effort at a new educational model directed at the affective experiences of the individual. Fantini suggests four different strategies for implementing the model. All four strategies are aimed at eliciting the individuals self-perception through such questions as "Who are you and why are you special?" Operationally, it is expected this curriculum will lead the child to a more satisfying self-concept that will result in changed behaviors and improved intellectual and social functioning.

Other implications resulting from research investigations point to greater emphasis on regular classroom placement as opposed to special class placement. In Spark and Blackman's article on "What is Special About Special Education Revisited: The Menatlly Retarded", they seriously question

---

23 Fantini, M., Op. Cit., p. 67.

the value of special class placement following their survey of research findings on special class placement.

Summary

In conclusion it would appear that the foregoing authorities are challenging the neat classification schemes developed by psychologists to categorize people into rigid slots. They are in addition proposing extreme caution in relation to the steps in a psychological evaluation proposed by Arthur L. Benton in Mental Retardation. Benton states that psychology evaluations are made for a variety of purposes:

1. To determine whether an individual should be classified in the broad category of the mentally retarded.
2. If it is determined that he does belong in the category of retarded, to determine the type or subgroup of the broad category in which he should be placed.
3. To make a prognostic evaluation in respect to special educational, psychotheraputic or physiotheraputic measures.
4. If it is concluded that he does not belong in the category of the mentally retarded, to determine whether he should be classified in a diagnostic category other than that of "normality."[24]

Those who are taking a "new look" at the classification methods above are suggesting a degree of skepticism about (a) the norms utilized by the clinician, (b) the covert or overt biases that may exist within the clinician, (c) the character of normalcy among different socio-economic populations,

---

[24] Stevens, H. A. and Heber, R., Mental Retardation, Chicago: The University of Chicago Press, 1964, p. 16.

(d) the systemic problems that are endemic to given societies. Above all they are looking at the response of the individual to preconceived notions of adaptive social and intellectual functioning.

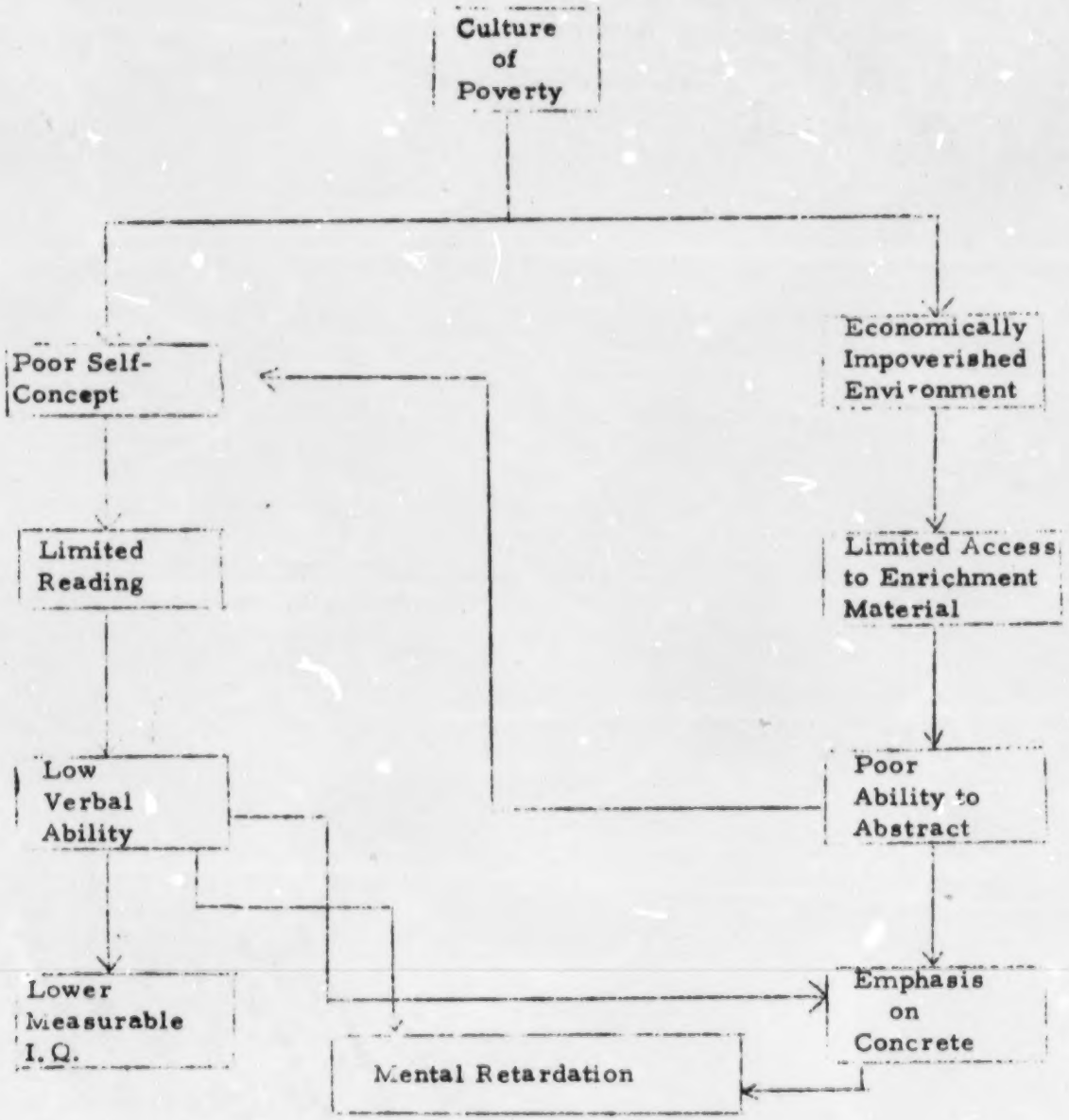
An effort will be made in this final section to translate the selected social and psychological explanations for mental retardation, that have been discussed, into a theoretical model based upon John Pfeiffer's discussion of the systems approach in education and the category he defines as the "structural problem." Even though many of the characteristics of the public area problem having a multiplicity of objectives are present in the models, they are still amenable to the "constrained maximization" that Pfeiffer feels is integral to the structural problem.[25]

The models listed below will suggest a possible approach to analyzing the problem of mental retardation among low income population. However, systematic analysis and data gathering would be necessary to substantiate the proposed model. Reliable data would provide the necessary tools for a valid evaluation of the scope and depth of mental retardation and related socio-psychological factors.

---

[25] John Pfeiffer, New Look at Education, Systems Analysis in our Schools and Colleges, New York: The Odyssey Press, 1968, p. 38.

Positive Feedback Model



BIBLIOGRAPHY

1. Clarke, A. M., and Clarke, A. D. B., Mental Deficiency: The Changing Outlook, Methuen and Company, 1961.

2. Conference on Mental Retardation, Mental Retardation Report of the American Medical Association, Chicago: 1964.

3. Deutch, Martin, "The Disadvantaged Child and the Learning Process", Education in Depressed Areas, ed. A. Passow, New York: 1963.

4. Dexter, L. A., "A Social Theory of Mental Deficiency", American Journal of Mental Deficiency, 1958, 62.

5. Dolce, Carl J., "The Inner City ... A Superintendent's View", Sat. Rev. of Lit., January 11, 1969.

6. Pantini, M. D. and Weinstein, G., Toward Humanistic Education: A Curriculum of Affect, New York: Praeger Publishers, 1970.

7. Goodman, Paul, Compulsory Mis-Education and the Community of Scholars, New York: Vintage Books, 1964.

8. Hurley, Roger L., Poverty and Mental Retardation: A Causal Relationship, New York: Ramdom House, 1969.

9. Linton, Ralph, Culture and Mental Disorders, Springfield: Charles C. Thomas, Publishers, 1956.

10. Love, H. D., Mental Retardation: A Basic Cuide, Berkley: McCutchan Publishing Corporation, 1968.

11. Maehr, M. L., Mensing, J., and Nafzger, S., "Concept of Self and the Reaction of Others", Sociometry, 1962, Section 25.

12. Mead, G. H., Mind, Self and Society, Chicago: University of Chicago Press, 1934.

13. "National Action to Combat Mental Retardation", President's Panel on Mental Retardation, October, 1962.

14. Pfeiffer, John, New Look at Education, Systems Analysis in our Schools and Colleges, New York: The Odyssey Press, 1968.

15. Robinson, H. B., and Robinson Nancy M., The Mentally Retarded Child, New York: McGraw Hill Book Company, 1965.

16. Rothstein, J. H., Mental Retardation, New York: Holt, Rinehart and Winston, 1964.

17. Schrag, Peter, "The Irrelevance of Dick and Jane", The Nation: March 21, 1966.

18. Stevens, H. A. and Heber, R., Mental Retardation, Chicago: The University of Chicago Press, 1964.